

Intentional Counseling Services, LLC

Paul Krauss MA, LPC || Associates and Interns

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MISSED APPOINTMENT POLICY

Please be aware that when you have an appointment with me, I am counting on you to attend and participate in the session as scheduled, just as you are counting on me! **If you need to reschedule or cancel a session for any reason, please contact us at least 24 hours in advance of your scheduled appointment with a verbal phone call or voice message.** For Monday appointments--We will need notification by the previous Friday at 5pm. Emailing or texting is not considered notification—phone call or voicemails only.

Appointments that are **missed** or **canceled less than 24 hours in advance** will be billed at my regular session fee of \$120 per session or at my agreed sliding scale rate _____ (Client's Initial)

If I am utilizing insurance appointments that are **missed** or **canceled less than 24 hours in advance** will be billed at \$65 dollars _____ (Client's Initial)

☀ New clients: In order to reschedule the intake session, payment for both the missed session and the rescheduled session must be received prior to rescheduling.

Your signature below confirms that you have read this policy, have received a copy of it (if requested), and have had all questions answered to your satisfaction. Thank you very much!

Patient's Name (print) Patient's Signature Date

Patient is a minor, signature of person financially responsible Date